

**Fee \$50.00**

**APPLICATION FEES ARE NOT REFUNDABLE**

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card payment form (available at <http://www.dpor.virginia.gov/dporweb/creditcard.cfm>) must accompany your application package..

- Mr. ☐ Ms. ☐
1. **Name** \_\_\_\_\_  
 Last First Middle Generation
2. **Social Security Number or Virginia DMV Control Number\*** \_\_\_\_\_  
 \* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a Social Security number or a control number issued by the Virginia Department of Motor Vehicles.
3. **Date of Birth** \_\_\_\_\_
4. **Maiden Name or Former Surname(s)** \_\_\_\_\_
5. **Street Address** (PO Box not accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code
6. **Mailing Address** (PO Box accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code
7. **E-mail Address** \_\_\_\_\_
8. **Contact Numbers** Primary Telephone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Alternate Telephone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Facsimile \_\_\_\_\_
9. **Current Employer Name and Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code
10. **VA Hearing Ad Specialist License No.** 2 1 0 1 . \_\_\_\_\_
11. **Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?**  
 No ☐  
 Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order decree or case decision.

FOR OFFICE USE ONLY	ENTITY #	FILE #	APPLICATION #	RECEIPT #	RECEIPT DATE
	FEE \$50.00	TRANS CODE 4020	LICENSE # 2 1 0 1		ISSUE DATE

12. Have you ever been convicted in any jurisdiction of a misdemeanor or felony? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision; **and** any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.*

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13. Update of professional hearing aid-related experience since your last renewal. Attach written verification of this experience.

Dates (MM/YY)		Employer's Name and Address	Description of Duties	Supervisor's Name and Title
From	To			

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understand, and have complied with, all the laws of Virginia related to hearing aid specialist licensure under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia*, and the *Virginia Board for Hearing Aid Specialists Regulations*.

Signature \_\_\_\_\_

Date \_\_\_\_\_